knee-reflexes were absent in the 9 cases (16 per cent. of total of severe cases) of this type. (3) Choleraic Type: Sudden collapse, slight fever, vomiting, diarrhea, cramps in abdomen and extremities. The mortality is high. This group comprised 11 per cent. of the severe cases. (4) Heat Hyperpyrexia: This was the most common type (72 per cent. of the severe cases). The onset is often sudden. The temperature may reach 110° F., with loss of consciousness. In other instances the onset is gradual, with headache, cyanosis, muscular cramps and Cheyne-Stokes respirations. Lumbar fluid is clear. The fever, if recovery ensues, returns to normal after a few days.

A Report of Eleven Cases of Cervical Sympathetic Nerve Injury Causing the Oculopupillary Syndrome.—COBB and SCARLETT (*Arch. Neur. and Psych.*, 1920, iii, 636). The authors have had opportunity to study the Claude Bernard-Horner syndrome in eleven cases of war wounds, especially in its relation to peripheral nerve and medullary injury. Details of the cases and anatomical facts of importance will be found in the article. Enophthalmos, ptosis and miosis are practically a constant finding on the affected side. The ocular tension was below normal in five cases. Sudomotor disturbances were present in about 50 per cent. of the cases and vasomotor disturbances in only two cases. The conclusions drawn from the study indicate that root lesions (C VII, VIII and D I) cause the most severe and typical Horner syndromes. Partial or complete lesions of the cervical sympathetic produce less severe symptoms referable to the eye. Contusion of the cord produces a mild Horner complex which is more prone to recovery.

Contribution to the Study of Uremic Hemorrhagic Rectocolitis.—BENSAUDE, CAIN and ANTOINE (*Ann. de méd.*, 1920, vii, 41) report two instances of hemorrhagic colitis in the course of uremia. In both instances autopsy performed shortly after death disclosed the presence of extensive indolent ulcers in the colon and rectum, which were undoubtedly the cause of the extensive rectal hemorrhages observed during life. The relation of the intestinal changes to the renal insufficiency is not clear. In conclusion, the authors emphasize the variation of symptomatology in the cases and call attention to the fact that uremic ulceration of the bowel may give no clinical symptoms. In suspicious cases, however, proctoscopy may lead to a correct diagnosis.

Fetid Spirillar Bronchitis and Pulmonary Gangrene.—NOLF (*Arch. Int. Med.*, 1920, xxv, 429) reports eleven cases of what he calls hemorrhagic bronchitis with spirochetes. Of these nine were primary. The disease attacks men in good health. Usually the first symptom is a chill. There are malaise, bone pains and cough with pain in the chest. There are signs of a general bronchitis. The fever rises, cyanosis appears and the patient loses strength. The sputum becomes purulent and fetid and rarely hemorrhagic. In the sputum there are few or many spirilla. Their relative number parallels the severity of the disease. The spirilla stain well only by special methods. They resemble closely Vincent's spirillum. In many instances other organisms are present. The disease shows no tendency to spontaneous cure. The whole ques-

tion of the role of the spirillum in the production of the disease is discussed at length and the author assumes that it is pathogenic and causal. However, he believes that the organism may lead a saprophytic existence in the mouths of healthy carriers. The institution of novarsenobenzol treatment leads rapidly to the destruction of organisms and amelioration of symptoms. For a comprehensive critical review of the literature of this subject the reader is referred to an excellent article by SOLOMON (*Ann. de méd.*, 1920, vii, 53), which is not suitable to abstract.

An Investigation of the Size of the Heart in Soldiers by the Teleroentgen Method.—COHN (*Arch. Int. Med.*, 1920, xxv, 499). In this contribution "teleo" heart measurements were made on 161 soldiers who have seen active service. The technical details were carefully chosen and may be found in the article. The conclusions drawn from the observations are as follows: (1) In normal breathing the difference in the size of the heart during inspiration and expiration may be neglected. (2) The use of the transverse diameter of the heart shadow is a satisfactory measurement. It is as useful as and less uncertain than the long diameter or the area. (3) The range of the observed measurements interferes with the usefulness for the clinic of standard and average curves. (4) The hearts of soldiers examined under the conditions stated (after active service in infantry) are not larger than those of normal individuals.

SURGERY

UNDER THE CHARGE OF

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Advantages and Disadvantages of Gauze Packing in Abdominal Operations.—MAYLARD (*British Med. Jour.*, November 29, 1919, p. 556) says that the present attitude with regard to the use or non-use of gauze packing in abdominal operations is not unanimous. Careful and reasonable discrimination is needed to decide when a particular method of treatment should be employed and when it should be avoided. In considering the facts connected with the two sides of the subject, it may, in the first place, be stated, probably without contradiction, that the question of the use or non-use of gauze packing only arises in operations upon the abdomen where sepsis in some form is found to be present. These operations are concerned chiefly with the appendix and the female pelvic organs. The advantages of gauze packing are (1) the antiseptic effect obtained from the substance with which the gauze is impregnated, and (2) the stimulation of a healthy granulating